

To study the clinical profile of colorectal carcinoma

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Abstract

Background: Due to limited study in our region, we conducted this study to assess the management of colorectal carcinoma with reference to clinical presentation & histopathological features.

Methods: Hospital based prospective study conducted at Dept. of Surgery, S.P.Medical College and P.B.M Hospital, Bikaner. All fresh cases of histopathologically proved Carcinoma of Colon and Rectum reported during period of study.

Results: Distribution of growth in various segments of colon in this study in order of frequency was rectum (30%),sigmoid(26%),caecum(19%) and ascending colon(5%), transverse colon(4%), splenic flexure(2%) and descending colon(10%).

Conclusion: Colorectal carcinoma is a disease of middle aged but not uncommon in young age adults in this part of the world, being commonest in the 4th, 5th and 6th decades of life and not a disease predominantly of old persons.

Keywords: Colorectal carcinoma, Young, Vegetarians.

Introduction

Colorectal carcinoma is the most common malignancy of gastrointestinal tract. The risk of developing

colorectal carcinoma increases with age. It has been seen that 90% of new cases are diagnosed in patients over 50 years of age. Recent literature also suggests that there is gradual shift of colon cancer towards right side of colon. Previously this cancer was the disease of old age but now younger population is more commonly affected and they present in a more advanced stage. It is also seen that right sided colon cancer is more in females and rectal cancer is commoner in male patients. Curative surgical resection of colorectal carcinoma is associated with a 5 years survival rate of around 90%¹⁻³

Due to limited study in our region, we conducted this study to assess the management of colorectal carcinoma with reference to clinical presentation & histopathological features.

Material and Methods

Study design: Hospital based prospective study.

Study duration: 12 months.

Study place: Dept. of Surgery, S.P. Medical College and P.B.M Hospital, Bikaner

Study population: Patients presenting with colorectal carcinoma.

Sample size: Patients who fit into the inclusion criteria during study period were included in the study.

Sampling Method: Convenience sampling

Inclusion Criteria

All fresh cases of histopathologically proved Carcinoma of Colon and Rectum reported during period of study.

Exclusion criteria

- Patients with inflammatory bowel disease (IBD) namely Crohn's disease and ulcerative colitis
- Patients with hereditary syndromes such as familial adenomatous polyposis (FAP) and hereditary colorectal cancer not associated with polyposis (HNPCC)

Data Collection

All the patients will be evaluated as per the proforma. A written and informed consent will be taken from the patient after explaining details of treatment modalities. Clinical diagnosis was confirmed by relevant investigations (routine investigations of blood/urine and ultrasonography and CT scan if required) and patient will be managed appropriately.

After confirming the diagnosis and depending on patient's condition appropriate surgery was performed if necessary

Data Analysis

To collect required information from eligible patients a pre-structured pre-tested Proforma was used. For data analysis Microsoft Excel and statistical software SPSS will be used and data was analyzed with the help of frequencies, figures, proportions, measures of central tendency, appropriate statistical test.

Observation

The results of study of 100 cases of colorectal carcinoma patients presented to SP Medical College and PBM Hospital, Bikaner are being furnished

& analyzed here. 70 cases of carcinoma colon and 30 cases of carcinoma rectum constituted these 100 cases. The average age in this study was 52.68 years. Youngest patient was of 22 years and the oldest was 81 years. The maximum incidence of carcinoma colon and rectum was in the age group of 41-60 years (76%). Only 24 were vegetarians and 76 non-vegetarians. Non-vegetarian patients had a diet rich in animal proteins and fat and relatively poor in fibre content.

Table 1: Symptoms wise distribution of Patients

Symptoms	No. of cases	Percentage
Bleeding per anum	46	46
Altered bowel habit	32	32
Obstruction acute/subacute	62	62
Weight loss	55	55
Pain abdomen	46	46
anorexia	54	54
Tenesmus	26	26
Melana	36	36

In carcinoma colon, obstruction (62%) and weight loss (55%) were the most common symptoms.

Table 2: Signs wise distribution of Patients

Signs	No. of cases	Percentage
Distended abdomen	62	62
Rectal growth	22	22
Lump	15	15
Pallor	68	68
ascites	4	4
hepatomegaly	2	2

Most common sign in our study is pallor which was present in 68% of cases while distended abdomen was present in 62% of cases.

Table 3: Site distribution of Patients

Site	No. Of cases	Percentage
Caecum	19	19
Ascending colon	5	5
Hepatic flexure	4	4
Transverse colon	4	4
Splenic flexure	2	2
Descending colon	10	10
Sigmoid	26	26
Rectum	30	30
Total	100	100.00

Distribution of growth in various segments of colon in this study in order of frequency was rectum (30%), sigmoid (26%), caecum(19%) and ascending colon(5%), transverse colon(4%), splenic flexure(2%) and descending colon(10%).

Discussion

Goligher (1984)³ has asserted that rectal carcinoma is predominantly a disease of older persons, being commonest in the 60–70 age groups. Most series reveal that it is commonest in the 6th -7th decade of life. The average age in this study was 51.6 years.

	Present study	Aljebreen AM et al ⁴	Prachi S. Patil et al ⁵
Mean age	52.68	55	47.2

All authors have found colo-rectal malignancy to be more common in males than in females. According to study by Paymaster , male: female ratio for rectal carcinoma in India is 2.9:1, while Glen & McSherry [1966] recorded a ratio on 1.5:1. In one recent study, it was mentioned that gender was not a prognostic factor. But according to Cusak, prognosis of female rectal cancer patients was better than that of male rectal cancers .Jussewala and Gangadharan (1973)⁶ in their report on 1040 cases of colorectal cancer admitted to six cancer hospital in India found a higher male

incidence of 3.3 ;1 and 1.97:1 and 2.4 :1 in cancers of colon and rectum respectively.

Delayed diagnosis is common because of the similarity between early signs and symptoms of colorectal cancer and functional gastrointestinal complaints often experienced by pts. Blood loss as an initial symptom & short duration of symptoms are associated with a better prognosis (Wiggers et al. Dis Colon Rectum. 1988)⁷. The symptoms encountered in this study conform to those found in other studies all over the World. Bleeding per annum was most often associated with alteration of bowel habits. The later finding most often was in the form of an increase in the frequency of motions with a concomitant decrease in amount at every motion. In carcinoma colon, anemia and altered bowel habit were the most common symptoms. In ca rectum, Bleeding per anum and wt loss was the commonest symptom, being present in 86% cases.

Weight loss was a prominent symptom (55%) and was found in the poorly nourished and in patients with a below average nutritional status. It was invariably seen in patients with a history of 12 months or more. These above findings compared well with other series. (Chaudhuri & Ray’s 1963, Johnson, Judd & Dahlin 1959, Floyd et al 1966)⁸⁻¹⁰.

In our series 76% of the patients were nonvegetarian.. It was however of significance that it was out of this population that 50 patients were admitted in our hospital in last one year with rectal cancer. Increased dietary meat augments the risk of large bowel cancer.

Distribution of growth in various segments of colon in this study in order of frequency was rectum (30%), sigmoid(26%), caecum(19%) and ascending colon(5%), transverse colon(4%), splenic flexure(2%) and descending colon(10%).

Site has an important bearing on presentation, management and subsequent outcome of disease. Age adjusted five year survival following curative surgery was higher for right colon than for left colon. This may be explained by the fact that mesocolon on the right side is excised with the colon resulting in more complete lymphadenectomy with right sided lesion than the left. More so the left sided lesion present with obstruction and perforation in which prognosis is bad.

Site	Present study	Celestino et al ¹¹
Right side	28%	34%
Left side	68%	58%
Transverse colon	4%	8%

Conclusion

Colorectal carcinoma is a disease of middle aged but not uncommon in young age adults in this part of the world, being commonest in the 4th, 5th and 6th decades of life and not a disease predominantly of old persons.

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